

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

HHN

PLAINTIFF
MELVIN CENTENO - (#K-72719)COURT CASE NUMBER
08 C 02756DEFENDANT
WEXFORD HEALTH SOURCES, INC. ETAL.TYPE OF PROCESS
SUMMONS & COMPLAINT-WAIVER

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 DR. PARTHA GHOSH, MEDICAL DIRECTOR AT STATEVILLE CORRECTIONAL CENTER
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 P.O. BOX 112 JOLIET, IL 60434

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MELVIN CENTENO - (#K-72719)
 STATEVILLE CORRECTIONAL CENTER
 P.O. BOX 112
 JOLIET, IL 60434

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

4

Check for service
on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
 All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Fold

JUN 27 2008

6-27-2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

06-06-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
 number of process indicated.
 (Sign only for USM 285 if more
 than one USM 285 is submitted)

Total Process

2094

District of
Origin

No. 24

District to
Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

RT Date

06-06-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
 on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
 then residing in defendant's usual place
 of abode

Address (complete only different than shown above)

Received signed waiver of summons
 from Dr. Ghosh + receipt of certified
 delivery (green card).

Date

6/27/08

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Michael W. Dobbins

Service Fee

Total Mileage Charges
including enclaves

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

MAILED WAIVER AND CERTIFIED MAIL ON JUNE 6, 2008 - CERTIFIED MAIL NUMBER : 7007 0710 0000 9548 4800

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
 Rev. 12/15/80
 Automated 01/00

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

(DISTRICT)

Waiver of Service of Summons

TO: MELVIN CENTENO - (#K-72719)

(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, DR. PARTHA GHOSH

(DEFENDANT NAME)

acknowledge receipt of your request that I waive

service of summons in the action of MELVIN CENTENO VS. WEXFORD HEALTH SOURCES, INC.

(CAPTION OF ACTION)

which is case number 08-C-02756

(DOCKET NUMBER)

in the United States District Court for the

NORTHERN DISTRICT OF ILLINOIS

(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after JUNE 6, 2008

(DATE REQUEST WAS SENT)

or within 90 days after that date if the request was sent outside the United States.

6/16/08

DATE

PGH

SIGNATURE

Printed/Typed Name: DR. PARTHA GHOSHAs MEDICAL DIRECTOR

TITLE

of STATEVILLE CORRECTIONAL CENTER

CORPORATE DEFENDANT

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, of that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**STATEVILLE CORRECTIONAL CENTER
P.O. BOX 112
ROUTE 53
JOLIET, ILLINOIS 60434**

ATTN: RECORDS

CASE: 08 C 02756

2. Article Number
(Transfer from service label)

7007 0710 0000 9548 4800

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *90 S D*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Clor Sommer

C. Date of Delivery

6-9-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes